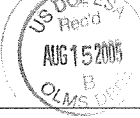


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6834</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Peter</u> <u>Abrahamsen</u> P.O. Box, Bldg., Room No., if any Street <u>57 Old Town Road</u> City <u>East Harland</u> State <u>Connecticut</u> ZIP Code + 4 <u>06027</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local Union No. 42</u> Labor Organization File Number <u>042-349</u> P.O. Box, Building and Room Number, if any Street <u>379 Wetherell Street</u> City <u>Manchester</u> State <u>Connecticut</u> ZIP Code + 4 <u>06040</u>
5. Position in labor organization. <u>Business Manager/Financial Sect.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Robert L. Allen*

On 8/4/05
Date

860-646-7297
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Northeastern Joint Apprenticeship & Training

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 210

Street 649 North Lewis Road

City Limerick

State Pennsylvania ZIP Code + 4 19468

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Peter Abrahamsen is a Committee member of the Northeastern Joint Apprenticeship and Training Fund. The Fund reimbursed him for expenses incurred in connection with his attendance at Committee meetings on 2/19/04, 5/1/04, & 8/5/04.

12.b. Amount.

\$3,308

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New England Electrical Workers Benefits Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 60 North Main Street

City Wallingford

State Connecticut

ZIP Code + 4 06492

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Peter Abrahamsen is a Trustee of the New England Electrical Workers Benefits Funds. The Fund reimbursed him for expenses incurred in connection with his attendance at a Board of Trustee meeting on June 16, 2004.

12.b. Amount.

\$406

Name of Person Filing Peter Abrahamsen	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name New England Electrical Workers Benefits Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 60 North Main Street</p> <p>City Wallingford</p> <p>State Connecticut ZIP Code + 4 06492</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px;"></div>
	<p>11.b. Approximate dollar value of such dealing.</p> <div style="border: 1px solid black; height: 30px;"></div>
	<p>12.a. Nature of interest held or income received.</p> <p>Peter Abrahamsen is a Trustee of the New England Electrical Workers Benefits Funds. The Fund paid for a hotel room in connection with his attendance at a Board of Trustee meeting on October 5, 2004.</p>
	<p>12.b. Amount.</p> <p align="right">\$141</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New England Electrical Workers Benefits Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 60 North Main Street

City Wallingford

State Connecticut

ZIP Code + 4 06492

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Peter Abrahamsen is a Trustee of the New England Electrical Workers Benefits Funds. The Fund paid for a hotel room in connection with his attendance at a Board of Trustee meeting on August 19, 2004.

12.b. Amount.

\$520